								Application	or Dod	ket Number	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2004							109/648540				
CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	SMAI	E	OR	OTHER	THAN
FOR NUMBE			R FILED NUMBER		EXTRA	TRA RA		FEE		RATE	FEE
BASI	C FEE							395.00	OR		790.00
TOTA	AL CLAIMS		minus 20 =		•		x\$11=	= .	OR	x\$22=	
INDEPENDENT CLAIMS			mine	ıs 3 = •	•		x41=		OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT						ŀ	+135=			+270=	المارية الماري المارية الموافق المارية
* If the difference in column 1 is less than zero, enter "0" in column 2						- 1	TOTAL		OR		
CI AIMS AS AMENIDED DADT "							IOIA	· <u>L</u>	OR	TOTAL	
D 7-10-07 (Column 1) (Column 2) (Column 3)							SMA	LL ENTITY	OR	OTHE	R THAN ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus	- 20	= 🚫		x\$11=	1	OB.	x\$22=	
	Independent	. 8	Minus	 8	=		x41=		OR-	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=	= 1 .1	OR	+270=	
	•	-	, ,			• i	TOTA		1	TOTAL	
ļ.,,	FEET, HERRISTOFFE, SEMESKAS	(Column 1)	Special control of the	(Column 2)	(Column 3)		WUII. FE	E	_	ADDIT. FEE	:
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	9	RATE	ADDI- TIONAL FEE	en seen market en	MELAINE RATEE	CADDI- TIONAL
	Total	*	Minus	te .	=		x\$11=	=	OR	x\$22=	
	Independent	*	Minus	***	=		x 41=		OR	x82=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	=	OR	+270=	den E.
		(Column 1)					TOTA		OR	∴TOTAL ADDIT, FEE	香油
AMENDMENT C	- TANGELON	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	1			7	2001. FEE	
		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE		-	RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID FOR			x\$11:	FEE	OR	x\$22=	FEE
	Independent	•	Minus	•••	=		x41=		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1			-		
: "	the entry in column 1 is less than the entry in column 2 write "0" in column 3					L	+135		OR	TOTAL	<u> </u>
} "	"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For Ortal or Independent is the highest number to							EE	_ OR	ADDIT. FEE	